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GENERAL REFLECTIONS ON CHRONIC DISEASE.

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THE science of medicine is not conjectural, but founded in nature, requiring only a series of correct observations and experiments to reduce it at least to an ordinary degree of perfection. The blandishments of theory, and preconceived notions of disease, arising from hasty conclusions upon insulated facts, must yield to experiment made for the express object of investigating the seat, nature, degree and treatment of disease, or our science must fall from its present elevation, and its cultivation be disregarded. It is believed that much of our theory in medicine is founded upon false data, and that erroneous views of disease and principles of practice have had a powerful influence in leading the mind to overlook many of the minute and more interesting phenomena of nature, which are eminently calculated to direct the mind into the true paths of medical inquiry.

Chronic disease is a subject which most interests the physician, not only because he finds it so difficult to remove, but more especially as it furnishes the field for the great class of empirics that have arisen in the present age, denying the wisdom of the learned and the skill of the most experienced.

The object in this communication will not be to go into a thorough investigation of chronic disease, but simply to throw out a few hints, hoping thereby that the attention may be excited of some who have not carefully investigated its character. The term chronic is derived from the Greek word *chronos*, meaning time, and is applied to that class of diseases which are of long standing, and not attended with acute action. By some it is used synonymously with sub-acute; but as the latter may exist and be of short duration, not attended with the functional and textural derangement of the former, there is good reason why there should be a distinction. The following considerations are offered to establish the fact that chronic disease is local, dependent upon local sensibility and irritation, and that all successful treatment is predicated upon this fact.

1. All actions, whether diseased or healthy, acute or chronic, are either general or local. If the former, then they must partake of one nature; if the latter, they may differ.

2. As the system is composed of organs differing in sensibility,

structure and function, their action, either in health or disease, must vary and be local, or connected only by general influence. That the sensibility of one gland differs from the sensibility of the others, is certain, and for this reason its action upon the blood is such that urine, bile, milk, saliva, semen, &c., will be secreted according to the structure and function of the organ which acts upon the blood. Nerve, bone, muscle, membrane, gland, have an organization, sensibility and function peculiar to themselves, rendering them susceptible at all times of being locally affected.

3. Local action exists almost entirely independent of general influence, as is manifest in the growth of the hair, nails and beard. If the growth of these textures were not dependent upon their own peculiar sensibility, why should it continue after the general circulation has subsided, and the animal functions are entirely destroyed? The function and growth of the testicle, uterus and mamma, depend upon their organic sensibility and contractility. The condition of the system, particularly at the time of their development, and the phenomena attending the exercise of their functions, demonstrate most clearly local action. The growth of the horns of animals, the union of parts entirely separated from the system, the transplantation of the spurs of the cock into the comb, and the removal of the feathers of birds of one species into those of a different species, illustrate most clearly local action. The mucous membrane, in its sensibility and function, differs from the serous; the fibrous and synovial, from both.

4. Change of sensibility in an organ induces diseased action independent of general influence. Hence an exalted sensibility of the serous membrane causes a preternatural effusion of serum; and if we may credit pathologists, the sensibility is so altered as to produce an affusion or exhalation of blood, independent of a rupture of the vessels. We also see this principle exhibited in disease of the liver, where the bile is not only changed in quantity, but becomes very acrid, so as to prove an unnatural stimulus to all the organs with which it comes in contact. The same is exhibited in disease of the kidneys, stomach, and other organs, evincing local action.

5. By a careful examination of the symptoms and pathology of disease, it will be found that most, if not all, the alterations from health in the human system, are local actions, dependent, however, upon general influence, being the result of that unknown principle termed life, which pervades every fibre of the animal economy, and produces all the phenomena of organized bodies. There can be but little if any doubt as to the locality of that class of diseases, termed by Dr. Good, phlogotica. Under the genus empresma we see a variety of diseases affecting the general circulation and functions of life, which, under the knife of the anatomist, are resolved into local diseased actions. Pneumonitis perhaps exhibits as many general symptoms as any one disease belonging to this genus. The structure, situation and function of the lungs, render it absolutely certain that the system will extensively sympathize in their affections; but however manifest the constitutional symptoms, careful observation establishes their local origin. Pain in

the side, difficulty of breathing, especially in the recumbent posture, expectoration of mucous blood or pus, cold chills, hot dry skin, accelerated pulse, are usually the rational symptoms which characterize acute inflammation of the lungs. Chronic inflammation is attended with the same general symptoms, as is manifested in phthisis pulmonalis. Any one conversant with disease of the lungs, either acute or chronic, readily admits that it commences, continues and terminates here, or in parts internally connected by contact or sympathy. The general affection is symptomatic, it must be so from necessity; but the disease is seated in the lungs, and usually remains there until health is restored or death takes place.

Whether the inflammation is in the mucous membrane of the trachea, bronchia, air vesicles, or in the parenchyma of the lungs, dissection always exhibits local disease as the immediate cause of death; and if our opinions are made up from evidence, the phenomena attending either acute or chronic disease of the lungs are sufficient to establish its locality. It is true that other parts may become affected through sympathy, or exciting causes, as the mucous membrane of the alimentary canal in the last stage of phthisis; but this does not invalidate the doctrine of local disease. It is unnecessary to observe that in enteritis, peritonitis, cephalitis, and all the other phlogotica, analysis always proves them to be local affections.

Necrosis is a local disease. When acute, we observe constitutional excitement as distinctly as in most fevers, which are termed general affections. In this stage there are heat, pain, chills, furred tongue, increased hard pulse, &c.; but the same is observed in the chronic stage, and the fact that the general derangement subsides upon the removal of the local exciting cause, demonstrates local disease.

What are the whole class of diseases of the joints, but local affections? and yet they produce a sympathetic action which gives to them a general character. Inflammation and ulceration of the synovial membrane produce very extensive constitutional derangement, as is apparent in white swelling of the knee and other joints.

If there be a general disease in the whole catalogue of human maladies, it is typhous fever; and yet it is questionable whether this does not arise from local derangement. The force of the disease more generally falls upon particular organs. If typhus be a congestive disease, as is maintained by some, it must be local, as general congestion is incompatible with natural laws, for respondent action would never take place under this condition of the system. Congestion in the large vessels, especially the veins, is not a cause, but the effect, of loss of action in the heart, which proves local disease. If the heart contract and dilate properly, no cause but a mechanical one can produce congestion in the large veins. Obstruction or loss of action will cause congestion in the bloodvessels; but the cause is local, though the congestion be more general. The capillary system appears to be without the direct influence of the *vis a tergo*, and is governed by its own organic sensibility and contractility; hence loss of action will produce congestion; but this will ever be found to be in particular

organs or textures. Congestion arising from obstruction is observed in enlargement of the liver, spleen, and from tumors compressing the large vessels.

Though congestive diseases are local, whether acute or chronic, yet the constitutional symptoms give to them the character of general diseases. It is more than probable that typhous fever is located in the brain, and that, could the integrity of this organ be maintained, the disease could be early arrested. Typhoid fever, or the dothinenteritis, which resembles typhus in most of its general characters, is now universally admitted to be seated in the mucous membrane of the alimentary canal, especially the ileum and in the glands of Peyer and Brunner. If this be a local disease, as is proved beyond all doubt by the pathologist, why may we not safely infer that typhus is, though the particular lesion has not as yet been fully demonstrated by the knife of the anatomist?

Those chronic complaints of the lungs, liver, spleen and alimentary canal, which are benefited by air, exercise, diet, and those means which give general tone to the system, are probably removed by restoring equilibrium of action, and breaking up morbid actions which had become habitual. Chronic rheumatism is most readily benefited by equalizing the circulation, and hence the advantage of sulphureous fumigations and baths. Pain in the head, which attends many during their whole lives, is probably owing to congestion in the capillary vessels and veins, pressing unnaturally upon the delicate and susceptible nervous tissue, and is only removed by enabling these vessels to contract so as to remove preternatural distention.

It is said that acute and chronic diseases consist of general action, as the causes which produce them are often elementary; but this does not establish the principle, but simply shows the extent of powerful impressions. The cause must precede the effect in all cases; if the latter be local, then the principle is established. The whole powers of the system cannot act upon general impressions, and were not the functions of some organs suspended while the action of others was increased, disease would be incompatible with the laws which govern the animal economy. It is true that certain general actions have a controlling influence in health, as well as in disease, as is manifest in the circulation of the blood and nervous energy. As the bloodvessels are distributed to every part of the system, we should *a priori* suppose that deranged vascular action must of necessity produce general disease; but as the bloodvessels and nerves are endowed with their own peculiar sensibility in the several organs, rise is given to local action and local disease. The sensibility of the capillary vessels of the parotid gland differs from the sensibility of the same vessels in the liver, spleen, pancreas, &c.

We judge of action by effects; if these do not correspond in the various textures, it must be referred to the peculiar sensibility of parts. That the system becomes diseased, is admitted; and that several organs may be affected at the same time, is certain.

It might also be observed that powerful impressions may have a

general influence before the production of disease. This is often exemplified; but equilibrium of action must be destroyed, and the organic sensibility of the vessels changed, before an organ is diseased.

Excitement, either general or local, may exist, and not constitute or be attended by disease; it is only when the vessels put on a new action, having their sensibility changed, that they can be said to be in a pathological state. General or elementary causes may produce excitement or weaken the circulation, before the vessels take on an unnatural action; but when disease manifests itself, it fixes upon certain textures most predisposed, either by circumstances or idiosyncrasy, to become affected.

Pathological observations and physiological reflections have done much toward the investigation and cure of disease. Morbid anatomy is replete with evidence, showing that local disease is the immediate cause of death in the great majority of cases; and may we not infer that those cases which do not exhibit it, are owing to the imperfection of our examinations, and not to the character of the disease? Morgagni, in his voluminous work, has clearly established the locality of chronic disease. Modern pathology has enriched the profession with a fund of observation, which has dispelled the dark clouds of mysticism and hypothesis, that so long have retarded the march of medical knowledge, and produced a new era in the investigation and cure of disease, duly to be appreciated by every lover of science or well-wisher to the best interests of mankind.

It has been also observed that acute, and most chronic diseases, are general affections, from the fact that the fluids undergo extensive alterations from health, and as these pass into every part of the system, universal disease must inevitably be the consequence. This is plausible reasoning; and were it not for incontrovertible facts, we could subscribe to so pleasing an hypothesis, and relinquish further investigation. The phenomena of nature are too striking to be passed slightly over. From her we are to acquire our principles of reasoning and of practice. What is the effect of a bruise, wound or fracture, but to produce local inflammation? Does not the blood exhibit the same buff, and are not the secretions as extensively changed, as in inflammatory typhus, or those diseases which have been termed general? It is apprehended that all which can be inferred from diseased fluids, is that they produce unnatural action in some organs, while they prove perfectly inert in others, going directly to prove local disease. The experiments of Magendie, Bell, Brande and MacNevin, show that unnatural agents may be introduced into the circulation, and contaminate the blood, but that they are determined to different organs and thereby produce local disease.

Every change in the system arises from vital, chemical or mechanical laws. Vital action depends upon organic sensibility and contractility, from whence arise the phenomena of life. Agents may act directly upon the sensibility of an organ, and produce disease, or by sympathy; in either case the effect may be precisely or nearly the same. Vicarious action is often observed in disease; it is the *vis conservatrix et medicatrix naturæ*. But this only proves that several organs may become affected at the same time, in consequence of intimate sympathy; or, in

other words, that the system is endowed with the principle of extending a disease over a greater surface, tha' the degree of action may be less. If disease arise in the mucous, serous, fibrous, synovial or glandular textures, though it extend to different parts of the same tissue, it should be considered local, and treated accordingly. Surgery knows little of general, but is perfectly familiar with local disease.

The above remarks have been made, not to deny general principles, or discard constitutional remedies, but particularly to fix the attention, direct inquiries, and lead to a careful investigation of disease. Notwithstanding the many improvements in our science, it is believed that a respectable portion, if not a majority, of the profession, are loose reasoners, careless observers, routine practitioners, satisfied with hypothesis, and do not carefully look into natural causes or investigate disease by pathological observation. In the examination of chronic disease, the mind should be definitely fixed; the actions and functions of all the organs should be analyzed, and structural changes understood. The human mind is naturally inclined to generalization—to view things as a whole, and not in parts—and thus overlook what is absolutely necessary in making a correct diagnosis, upon which an appropriate mode of practice can only be predicated. It is a true remark that our prescriptions increase with empirical rapidity when we are not governed by principle; but when we understand disease, its nature, seats and degree, they will be simple, direct and efficient.

An eminent writer observes, "Who can cure chronic diseases?" Every experienced physician attempts it with reluctance, knowing its peculiar uncertainty. The following are some of the reasons which render it so difficult.

1. They are attended with a change of sensibility in the vessels of the affected organ, that is not restored by agents which control acute disease. This has not only an influence over the actions of the part, but extensively modifies the operation of all therapeutic means.

2. Chronic diseases often affect structures endowed with a low degree of vitality and vascular action; hence they may be of long standing before they are observed by the patient or friends. This is particularly the case in disease of the synovial membrane and the cartilages.

3. Idiosyncrasy, which cannot be explained, extensively modifies or changes the natural action, so that those remedies which in other cases have proved successful, are not only inert, but often injurious. Constitutional peculiarity has much to do with diseased action, as is well known by every medical man.

4. They become habitual; the diseased structure having accommodated itself to the action which has existed for a long time, retains it with peculiar tenacity, and only yields to permanent, and often the most powerful impressions.

5. Chronic diseases are rendered incurable, or of difficult removal, from structural affection. It is impossible to understand all the changes which attend them, some of which may be carefully observed, such as obliteration or lessening of the calibre of the diseased vessels—augmentation or an increase of the same—hardening or hepatization—opacity

of transparent membranes and tissues—formation of new vessels, endowed with their own peculiar sensibility and action, which cause adhesion, obliteration of natural cavities, false membranes, cysts, hydatids, tubercles, tumors, scirrhosities, &c—ulceration or fistulous openings, attended with destruction of the natural textures—suppuration, which may depend upon textural or functional affection, according to circumstances.

When we reflect upon the minute ramifications of the bloodvessels and nerves, we can readily perceive that the structure of the several organs will become changed in most chronic diseases, and we ought not to deny its existence even when it is not revealed by dissection. Most of the important changes in the system are beyond the reach of demonstration; no one can tell the exact process by which bile, urine and semen are secreted, or what action the vessels exercise in forming blood. Yet all these important changes result from the action of the capillary vessels and nerves.

In deducing rules of practice, we should understand the seat of disease, from which the general sympathetic affection arises. If the principle advanced, that chronic diseases are local, be correct, we shall readily conclude that those remedies which act directly upon the diseased organ will be most successful. When we adopt this mode of reasoning, and practise upon principle, it is believed that most of our empiricism will vanish, a long list of remedies be laid aside as useless, or hurtful, and that our prescriptions will be few, simple and direct, but more efficient. The more local our treatment, the more certainly shall we affect those vessels upon which disease depends.

In chronic inflammation, local bloodletting and counter-irritation may have a powerful influence in overcoming disease, whereas general bleeding might only increase debility, impair the integrity of all the organs, destroy those healthful actions upon which we almost entirely depend, when looking to the powers of nature for assistance in overcoming actual disease.

It is correct in principle, that in all inflammations local bleeding should supersede general; and could it be carried to sufficient extent, it is quite questionable whether the general use of the lancet would ever be required. But as this cannot always be accomplished, a resort to general bleeding, of course, is our only alternative. Local bleeding exerts an influence upon the diseased vessels, removing the irritation upon which the general sympathetic action depends. The constitutional effect of many diseases may be suspended by it. This is particularly the case with cancer. As this disease is attended with a specific action, generating a poison which ultimately contaminates the system, it is evident that lessening the quantity of blood in the diseased vessels will extensively diminish the secretion, and keep down the diseased action, so that life may be much prolonged. Most diseases are attended with acute, chronic, or specific inflammation; and as this is always local, topical remedies are particularly indicated. A good rule in practice is, that we understand the exact condition of the system before we make an application of remedies. It may with much propriety be asserted, that the effect of all remedies depends as much upon the condition of

the system, as upon their own inherent properties. Hence opium, under one state of the system, is narcotic; under another, sudorific, antispasmodic, expectorant, astringent, cathartic; and so with most of our therapeutical agents. We cure disease by instituting states or conditions incompatible with morbid action.

Again, we should discriminate between chronic disease and chronic predisposition to disease; the former being more generally attended with inflammation, the latter with debility. Hence general debility will so dispose a part to become affected, that nothing but a resort to tonics, and other means which invigorate the system, will prevent actual disease. It is highly probable that the injudicious use of tonics, which has been a fruitful source of injury in chronic diseases, is owing to not discriminating between debility and inflammation.

Chronic disease is often removed by rendering it more acute, or extending it over a greater surface; this either produces a change incompatible with its continuance, or prepares the system for the application of more efficient remedies. By breaking up old associations and habits, a change may be effected in the diseased vessels, rendering them more susceptible of healthy action. This principle is often exemplified in practice, and much advantage may be taken of accidents, and stimulating measures, which have converted a chronic into an acute disease. The effects of rendering a chronic ulcer more acute, are well known; the most pleasing results are obtained. The greatest precision is necessary in applying this principle to the vital organs, lest we excite in them an action inconsistent with their vital energies, or produce textural derangement. It is only in certain cases that it can be safely resorted to, except in organs not directly essential to the well-being of the system. Chronic congestion, not attended with textural derangement, will be removed more readily by a judicious application of stimulants, than by any other class of remedies.

The vital properties of an organ have an extensive influence in disease, whether acute or chronic. Where these are the most exalted, and the functions most complicated, we are to look for acute; and where less, for chronic disease. Therefore in the latter case we are directed to adopt the most permanent measures.

Perseverance in a judicious course of remedies is absolutely required. Many cases are abandoned before time is given for those permanent changes, which must be effected before health can be restored. Though we should depend much upon the natural powers of the system, and almost entirely in all textural affections, still by understanding the nature, degree and seat of the local irritation, we may administer or apply remedies which will have a commanding influence over the diseased vessels, restoring them to healthy action, and thereby removing all constitutional disturbance. It is necessary, in the treatment of either acute or chronic disease, to guard the functions of all the organs; but still the local affection, upon which all the constitutional symptoms more frequently depend, should not be overlooked. How often do diseases of the uterus, attended with cramps, hysteria, vertigo, palpitation, indigestion, leucorrhœa, tenderness of the spine, general affection of the

animal and vital functions, yield to a strictly local treatment, which removes chronic inflammation, and restores tone to the debilitated vessels and ligaments.

While pathology is exerting an irresistible influence, it is hoped the profession will be enriched by the labors of those, whose qualifications and situation give an opportunity of making such investigations as will render the practice in chronic disease rational and efficient. When this is done, quackery will cease, and reproach no longer rest upon the science of medicine.

July 30, 1839.

LETTERS FROM THE WEST.—NO. IV.

CINCINNATI COLLEGE.—CINCINNATI HOSPITALS AND MEDICAL SOCIETIES.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—During my sojourn in this place, thus far, I have associated principally with the professors of the new medical school and their immediate friends, and have become more intimately acquainted with the history of this institution than of the Medical College of Ohio. The former differs from the latter in its organization. The Medical College of Ohio is an independent school, while the new school is a medical department of the Cincinnati College, which was founded in 1819. This department was organized in the summer of 1835, by the Trustees, upon the application of that most indefatigable man, Dr. Drake. So unexpected a measure created no little excitement in the city. It was the prominent topic of conversation in the street and within doors. The friends of the old school were up in arms, and declared the project altogether wild, and one entirely unauthorized by the charter. The supporters of the scheme disputed the matter with them until open hostility was fairly established between the two parties. By referring to the charter of the old Cincinnati College, it was plainly discovered that that instrument gave the trustees full authority to adopt the course which had been taken. Friends and foes could read, "That the power to appoint professors was unlimited; that every branch of human knowledge, except denominational christianity, could or might be taught in the institution; and that they might grant or confer, on any candidate, all or any of the degrees that are usually conferred in any college or university within the United States." The war was kept up with unabated violence until the close of the winter term, but was only suspended to be renewed the succeeding fall. The first session of the new school opened with sixty-six students, and at the close of the term the degree of doctor of medicine was conferred upon eighteen young gentlemen. The number of students has been gradually increasing. Last winter the class numbered 130. The enmity between the schools is still raging, and it is feared by a number of the friends of both institutions that they are materially injuring themselves, and that students will be induced, by witnessing so disagreeable a controversy, to proceed, even after arriving in the city for the purpose of attending lectures, to

Louisville, Lexington, or one of the eastern schools. It is to be hoped that this unnecessary warfare will soon be ended. I feel confident that one or both parties must fall in case of no abatement.

The faculty of the new school, as you are doubtless well aware, is composed of gentlemen well qualified to discharge their duties. I have not room here to speak of any of them individually. In my next letter I will give you a sketch of two or three of them, which I hope will afford interest to some of your readers.

The building in which the lectures are delivered is a large brick edifice, situated in a central part of the city. It has twelve rooms:—a large chapel, three apartments for medical lectures, three for the academical department, one for the law department, and rooms for the medical faculty meetings, cabinets of healthy and morbid anatomy, and dissection. Its external appearance is quite plain and handsome. Four years ago it was a nuisance to the city; presenting nothing to the view but a heap of ruins—the abode of bats, frogs and lizards—a large mark for boys to throw stones at as they passed along; but by the genius and enterprise of a single individual, it has become the ornament and pride of the queen city of the west. The materials for prosecuting the study of the various branches of medicine are ample. The cabinets of healthy and morbid anatomy, I believe, are not excelled in the west; and the dissecting room is always well supplied with recent subjects. In connection with these, I may mention the extensive collection of minerals, the splendid chemical apparatus, and a case of the rarer articles of the materia medica.

I think this school and the Medical College of Ohio may both flourish if they will cease fighting; but if they continue the combat which has been carried on for three years past, I should not be surprised if they should both share the fate of the Kilkenny cats.* I express my opinion plainly, freely and fearlessly. I sincerely desire the success of both schools, and think it high time that a warning voice should be raised which will be heard and heeded.

The next institutions which I wish to present to your notice, are the two hospitals—first the Commercial Hospital and Lunatic Asylum, founded by the Legislature of Ohio, upon the petition of Dr. Drake, in 1819; and second, the Cincinnati Hospital, organized in 1836, and under the management of the new school. I cannot speak in the most favorable terms of either. The former is the largest, and until last winter has been under the direction of the faculty of the old school. By an act of the last Legislature, the students of the new school are admitted within its walls upon an equal footing with those of the Medical College of Ohio. The Lunatic Asylum attached to this hospital is, in a word, a prison house—more fit for the incarceration of murderers than the use to which it is applied. The hospital will accommodate from seventy to eighty patients. The Cincinnati Hospital

* Owing to this letter being sent by private conveyance, it has been detained several weeks, and does not, therefore, give the exact state of the new medical school at the present time. As was intimated in the last No. of the Journal, a report is current that the professors have resigned, and the medical department of the College is to be suspended.—Ed.

will not entertain more than forty, so that both together are scarcely adequate to the wants of the country.

The truth is, I know of no hospital in the Mississippi Valley, except the Charity Hospital at New Orleans, which can be considered a superior establishment. There is a great demand for good institutions of the kind in the West, and I am inclined to think, that until the attention of the public becomes aroused, and they be made to feel the necessity of these important charities, and the Legislatures of the several States take the matter into serious consideration, nothing of importance can be effected. Individual wealth is too rare and feeble for their endowment.

In conclusion of this letter, I will merely allude to the Cincinnati Medical Society and the Ohio Medical Lyceum, two incorporated bodies which have been in existence for a number of years past. Their objects are similar to like associations throughout the United States.

In my next I will give you a sketch of Dr. Drake and Dr. Gross, two of the most distinguished medical men west of the mountains.

Cincinnati, August 1, 1839. Yours truly, W. J. B.

DR. LEE'S PHYSIOLOGY.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—My attention has been called to a notice of my work on Physiology in the last No. of your Journal, in which you intimate that I am indebted to Dr. Hayward for some of my matter, leaving your readers to infer that I have made an unwarrantable use of his book. It is due to myself to make the following statement. The Physiology was compiled at the request of the "American Common School Society," for the use of elementary schools, with no particular view to reputation or emolument on my part, but because it afforded a favorable opportunity of imparting what I conceived an important kind of knowledge to the rising generation. It was understood that the work was to be a compilation, and accordingly it was avowed to be such in the preface of the first edition, in which I used the following language. "It is unnecessary to state that this work makes no pretensions to originality. The design has been to condense, in as short a compass as possible, the most important results of the labors and researches of others. This general acknowledgment, it is hoped, will be sufficient, without specifying in every instance the source to which the author is indebted." With this explanation I ventured, in some instances, to employ the language of others, where I could not improve it, but in general I aimed to give the substance of what is contained in our standard authorities in my own language. As the works consulted were numerous, the references required would have only served to distract the attention of the reader, without affording any particular benefit, and they were accordingly all omitted, as stated in the preface. In preparing the second edition, I endeavored to make the language still more exclusively my own, and for that purpose re-wrote nearly the whole of it. I had supposed that the work was not now liable to any just

criticism of this kind, and though still professedly a compilation, would not suffer, perhaps, on the score of general originality, with similar works of the day. To guard, however, against any such charge, the preface of the second edition contained the following acknowledgment. "In preparing it, more than fifty different works have been consulted, from all of which the writer has freely taken whatever he found adapted to his purpose. Originality has not been aimed at, as it was precluded by the very nature of the subject; indeed, it would have been unsuited to the object in view."

I am gratified to find that the work has been thought to answer the purpose for which it was prepared. I claim little or nothing for it on the score of originality, in the usual acceptation of the term; being satisfied if it be considered a useful and judicious compilation.

New York, Sept. 3, 1829. Yours, very respectfully,

CHARLES A. LEE, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 11, 1839.

A GUIDE FOR MOTHERS AND NURSES.*

DR. TICKNOR, of New York, is certainly a fortunate as well as instructive writer. It matters not what subject he takes in hand, for he acquits himself in a way to meet with the approbation of the profession, and that is much more than all his cotemporaries do. It is a discovery of infinite importance to a man who has a talent for writing and the industry to complete a literary or scientific undertaking, to know how to wield his power to the best advantage. Dr. Ticknor's *Philosophy of Living* is quite as well liked in England as in the United States—but were it not really meritorious, its reputation would have been bounded by the State of New York. At a very opportune period, his present work, which makes no pretensions to distinction, is precisely calculated, from the importance of the subjects discussed, and its popular character, to be extensively read. We perceive that the élite of the profession in his own city have given it an attentive examination, and with apparently the kindest feelings speak of its utility.

Notwithstanding the fact that the mortality of children is astonishingly great in all civilized countries, we are not in the habit of reflecting upon the various causes which produce this melancholy result. In Brown's Domestic and Financial Condition of Great Britain, it is stated that at the termination of the first twelve years of existence, about one third of all that have been born, die. Of the number which die within the first year after birth, principally through the mismanagement of inexperienced mothers, or the careless, irresponsible conduct of nurses, it is impossible to determine; but that premature death results from these sources, is

* A Guide for Mothers and Nurses in the Management of Young Children, with reference to hereditary or family diseases, and advice to pregnant and lying-in females, &c. By Caleb Ticknor, M.D. New York: Taylor and Todd. 1839. Pp. 242.

almost universally acknowledged—and yet the vital statistics on this point have been culpably imperfect.

We do not rank ourselves with that selfish professional clique who are always alarmed at the idea of teaching the elements of physic and surgery, or hygiene, to the people. The more they know of their own physical organization and the laws of life, the more confidence have they in the higher attainments of their medical advisers. Now Dr. Ticknor has undertaken to address mothers and nurses in their own vernacular tongue, on a topic of the highest possible interest to themselves and to humanity—and we wish, therefore, that success may follow the labor. He claims nothing original—nothing new; he has simply compiled fourteen chapters on the management of young children, with reference to hereditary diseases, &c., accompanied by excellent advice.

Dr. Gross's System of Pathological Anatomy.—Such progress is making in the publication of this work, that the publishers feel quite certain that, with its beautiful engravings, it will be on sale by the month of October. As it is considered by competent judges to be an admirable system, and very much needed, we trust that the schools will have it in time for the coming lecture season as a text book. That such will be its destiny, to become a standard in pathological anatomy, is firmly predicted by those who have had the opportunity of inspecting the manuscript.

Human Physiology, for the Use of Schools.—A passing notice was taken of Dr. Lee's book, a week or two since, with the intention of recurring to it again whenever we had completed the examination. In the meantime a communication has been received, and will be found in this No. of the Journal, from the author, who fully explains the material points about which there have been frequent remarks. We entertain no hostile feelings towards Dr. Lee in relation to the accusation brought against him of having borrowed without giving credit. The matter must necessarily be between him and those who are the aggrieved party. The explanatory article, it strikes us, will be satisfactory, and restore harmony wherever there may have been unpleasant feelings.

Medical Lectures at Washington.—From some cause not well understood hereabouts, the medical course of instruction has been suspended a year or two at the city of Washington. Vigorous exertions are now making for conducting medical lectures as they formerly were at that place. Dr. Sewall is still a member of the faculty, and well known for his perseverance and devotion to the science of medicine.

Harvard University.—The degree of Doctor in Medicine has been conferred on the following candidates during the last academic year.

Robert Harper Adlam; Benjamin Barnard Appleton, A.M.; Charles Vose Bemis, A.B.; Henry Bigelow, A.B.; Ward Nicholas Boylston, A.M.; Charles Hale Brown; Bertrand Francois Bugard, A.B.; Samuel Cabot, Jr., A.M.; Daniel Clarke; Kendall Flint, A.B.; Joseph Bassett Fobes; Benoni Guay; Barnaby Winslow Hathaway; William Mann Kimball; Joseph Marmette; Benjamin Franklin Parker, A.B.; John

Witt Randall, A.M.; Aaron Parker Richardson; James Osgood Savage.
WALTER CHANNING,
Boston, Sept., 1839. *Dean of the Faculty of Medicine.*

Yellow Fever.—Believing that it may be useful in after times, at least, to refer to the history of this disease in its fearful career in 1839, an imperfect register of mortality is kept, as information is received. It is extremely gratifying to notice the humanity of the City Council in the first Municipality of New Orleans, at this particular time of alarm and distress in that city. The first Municipality is divided into five districts, for each of which two physicians and an apothecary have been appointed by the Mayor, to attend to the indigent sick of the yellow fever. They are to be paid for their services.—The New Orleans Courier, speaking of the yellow fever, says—"It is no longer destitute, neglected strangers only who are falling victims to the yellow fever; but people well cared for and comfortable, and some of them natives of Louisiana."

New Orleans, August 23.—On Wednesday, total number of admissions to the Charity Hospital 25, of which 10 were yellow fever. Total deaths 13, of which 12 were yellow fever. Yesterday, to 8 P. M., total admissions 33, of which 14 were yellow fever. Total deaths 8, all of which were yellow fever.

Augusta, Geo.—No less than two thousand of the inhabitants of Augusta fled from that city in consequence of the fever. There have been 38 cases since August 18th, of which 28 have died.

Four new cases of yellow fever were reported at Mobile on the 24th. The sickness, up to the 27th, had not materially declined. There is a great want of good nursing, an essential point in this complaint. At New Orleans we hear of patients being carried through the streets in open carts, exposed in their agonies to a hot sun.

Maryland Medical and Surgical Journal.—In the Journal of Dental Science it is remarked that this newly projected quarterly is to appear in July. It is now September, and it has not arrived. However, it may be expected soon. In the prospectus it is stated that it is to be published by the Medical and Chirurgical Faculty of Maryland. Is this the medical society of the State, acting under a charter, or a voluntary association of practitioners, not incorporated? Perhaps some of our correspondents are able to answer the question—and at the same time furnish the names of the executive officers, of the present year, and the day of the annual meeting. A speedy reply would very much oblige.

Medical Miscellany.—Several physicians in Savannah are candidates for aldermen of that city.—Yellow fever has been developed on board the Mississippi steamboats.—A correspondent speaks of the existence of small-pox in Maine.—Dr. Wallace's chart of the eye should be introduced into all common schools—it is easily understood by children, and gives them a perfect idea of the principles of vision in connection with the mechanism of the organ in man and a series of the lower animals.—Dr. Haynes's utero-abdominal supporter is much admired by those who have examined it. Physicians are recommended to give it a thorough trial.—A new work, from the French, of great professional interest, is now in process of translation in Boston—to be published ere long.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. Elevation 483 ft.

1839. August.	THERM. Sun r.	THERM. 2, P.M.	THERM. Sun s.	BAROMETER. Sun r.	BAROMETER. 2, P.M.	BAROMETER. Sun s.	Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER. P.M.	REGIS. THER. A.M.	Remarks.
1 Thur.	62	76	69	29.35	29.33	29.33	N W	Fair	62	75	
2 Frid.	58	72	67	29.40	29.41	29.39	S W	Fair	67	73	
3 Satur.	56	76	70	29.33	29.35	29.38	N W	Fair	57	75	
4 Sun.	54	76	72	29.42	29.53	29.52	S	Fair	52	77	
5 Mon.	60	80	74	29.44	29.50	29.50	S W	Fair	54	80	
6 Tues.	59	79	73	29.49	29.48	29.48	S W	Fair	55	81	
7 Wed.	57	76	72	29.40	29.38	29.38	N W	Fair	65	81	
8 Thur.	58	76	67	29.32	29.26	29.20	S W	Rain	56	81	
9 Frid.	64	77	68	29.04	28.99	29.08	N W	Showery	65	79	
10 Satur.	54	72	65	29.13	29.26	29.30	N W	Fair	53	75	
11 Sun.	52	76	72	29.39	29.49	29.50	S W	Fair	52	72	
12 Mon.	61	69	70	29.50	29.50	29.49	S W	Fair	58	78	Fine rain in the forenoon—rain in the night.
13 Tues.	60	74	72	29.54	29.61	29.65	N W	Fair	59	74	
14 Wed.	60	72	62	29.68	29.71	29.70	N W	Fair	58	73	
15 Thur.	55	69	60	29.63	29.67	29.68	N W	Fair	54	72	
16 Frid.	60	63	58	29.62	29.60	29.55	N E	Rain	52	68	Cold storm.
17 Satur.	54	64	62	29.53	29.55	29.58	N E	Fair	54	66	
18 Sun	58	71	69	29.53	29.56	29.56	N E	Fair	67	77	Foggy morning.
19 Mon.	56	80	75	29.56	29.59	29.60	S W	Fair	56	78	
20 Tues.	63	83	80	29.51	29.52	29.50	S W	Fair	60	83	
21 Wed.	65	85	82	29.45	29.48	29.47	S W	Fair	61	84	Warm and pleasant weather, well fitted to bring forward the fruits of the season.
22 Thur.	68	84	77	29.42	29.40	29.40	S W	Fair	64	85	
23 Frid.	70	83	80	29.38	29.40	29.42	S W	Fair	67	84	
24 Satur.	69	82	75	29.44	29.45	29.42	S W	Fair	67	82	Great uniformity of temperature.
25 Sun.	68	80	80	29.35	29.37	29.37	S W	Fair	67	83	
26 Mon.	64	82	77	29.40	29.42	29.37	S	Fair	62	81	
27 Tues.	70	84	80	29.26	29.26	29.23	S W	Fair	68	83	
28 Wed.	70	76	66	29.30	29.36	29.44	N W	Fair	63	72	Great change in the weather.
29 Thur.	48	58	55	29.56	29.54	29.51	N E	Cloudy	46	60	At 9, Friday morn. storm commenced, and continued with violence. High wind at night.
30 Frid.	50	51	50	29.52	29.50	29.46	N E	Storm	50	53	
31 Satur.	51	63	59	29.30	29.41	29.52	N W	Fair	47	65	

The month of August has been a very pleasant one—temperature, excepting the few last days, very uniform. There have been an unusual number of fair days. Range of the barometer, from 29.71 to 28.99. Thermometer has ranged from 46 to 85.

Whole number of deaths in Boston for the week ending Sept. 7, 49. Males, 37—females, 22.

Of consumption, 5—canker in the bowels, 1—disease of the heart, 1—inflammation of the bowels, 3—dropsy on the brain, 2—typhous fever, 2—scarlet fever, 1—cholera infantum, 3—bilious fever, 1—dropsy, 3—bowel complaint, 2—casualty, 1—spasms, 1—suicide, 1—inflammation of the brain, 1—canker, 1—dysentery, 3—infantile, 2—sudden, 1—old age, 3—hooping cough, 1—worm fever, 1—lung fever, 2—apoplexy, 1—fits, 1—drowned, 1—painter's colic, 1—teething, 1.

TREATMENT OF HERNIA.—E. W. Leach, M.D. Office No. 134 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The course of Lectures for the ensuing season will be delivered in the new and extensive college edifice in Crosby street. It will commence on the first Monday in November and continue four months.

Physiology, by - - - - - - - - - John Augustine Smith, M.D.
Theory and Practice of Physic, by - - - - - - Joseph M. Smith, M.D.
Materia Medica and Medical Jurisprudence, by - - John B. Beck, M.D.
Chemistry and Botany, by - - - - - - - John Torrey, M.D.
Special and General Anatomy, by - - - - - - Robert Watts, Jr., M.D.
Surgery and Surgical and Pathological Anatomy, by - Willard Parker, M.D.
Obstetrics, by - - - - - - - - - - James R. Manley, M.D.

Fee for the whole course, $108.

J. AUGUSTINE SMITH, M.D., *President.*
NICOLL H. DERING, M.D., *Registrar.*

New York, July 24, 1839.

Jy 31—eoptO15

GENEVA MEDICAL COLLEGE.

The Medical Lectures will commence on the 1st Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by - - - - T. Spencer, M.D., Geneva.
Obstetrics and Materia Medica, by - - - - - - C. B. Coventry, M.D., Utica.
Anatomy and Physiology, by - - - - - - - - James Webster, M.D., Rochester.
Surgery, by - - - - - - - - - - - D. L. Rodgers, M.D., Geneva.
Chemistry, by - - - - - - - - - - William Usher, M.D.
Medical Jurisprudence, by the Professors of Chemistry and Anatomy.

Thomas Spencer, M.D., *Registrar.*
Geneva, July 16, 1839.

C. B. COVENTRY, M.D., *Dean.*

Jy 31—4O

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

THE regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. JACOB GREEN, M.D., Professor of Chemistry.
2. SAMUEL MCCLELLAN, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. GRANVILLE S. PATTISON, M.D., Professor of Anatomy.
4. JOHN REVERE, M.D., Professor of the Principles and Practice of Physic.
5. ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. ROBERT M. HUSTON, M.D., Professor of Materia Medica and Pharmacy.
7. JOSEPH PANCOAST, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, $15. Graduation fee, $30.

Aug 7—tN1 JOHN REVERE, M.D., *Dean of the Faculty.*

COLUMBIAN COLLEGE, D. C.—MEDICAL DEPARTMENT.

THE Lectures in this Institution will commence on the first Monday in November, and continue until the first of March. During the session full courses will be given in the various branches of medicine, by

THOMAS SEWALL, M.D., Professor of the Principles of Pathology and the Practice of Medicine.
THOMAS P. JONES, M.D., Professor of Chemistry and Pharmacy.
HARVEY LINDSLY, M.D., Professor of Obstetrics and the Diseases of Women and Children.
THOMAS MILLER, M.D., Professor of the Principles and Practice of Surgery.
JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.
JOHN FREDERICK MAY, M.D., Professor of Anatomy and Physiology (late Professor of Surgery in the University of Maryland).

J. F. MAY, M.D., Dean of the Faculty.

Washington City, Aug. 4th, 1839. Aug 14—3t

ALBANY MEDICAL COLLEGE.

THIS Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

ALDEN MARCH, M.D., President of the Faculty, and Professor of Surgery.
EBENEZER EMMONS, M.D., Professor of Chemistry and Natural History.
DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.
JAMES H. ARMSBY, M.D., Professor of Anatomy.
DAVID M. MCLACHLAN, M.D., Professor of Materia Medica and Therapeutics.
GUNNING S. BEDFORD, M.D., Professor of Obstetrics.
THOMAS HUN, M.D., Professor of the Institutes of Medicine.
AMOS DEAN, ESQ., Professor of Medical Jurisprudence.

The fee for all the courses is $70. Matriculation fee, $5. Graduation fee, $20. Price of boarding, from $2 50 to $3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

JAMES H. ARMSBY, *Registrar.*

Albany, July, 1839. Jy 17—tO

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 15, 1839. 2am6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.